# WISCONSIN STATE LEGISLATURE COMMITTEE HEARING RECORDS

1997-98

(session year)

# Senate

(Assembly, Senate or Joint)

# Committee on Education (SC-Ed)

File Naming Example:

Record of Comm. Proceedings ... RCP

5hr\_AC-Ed\_RCP\_pt01a

> 05hr\_AC-Ed\_RCP\_pt01b

> 05hr\_AC-Ed\_RCP\_pt02

NOTICES ...

Committee Hearings ... CH (Public Hearing Announcements)

> \*\*

Executive Sessions ... ES

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🕨 <u>Committee Reports</u> ... CR

> \*\*

Record of Comm. Proceedings ... RCP

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INFORMATION COLLECTED BY COMMITTEE CLERK <u>FOR</u> AND <u>AGAINST</u> PROPOSAL

Appointments ... Appt

>97hr\_SC-Ed\_Appt\_pt16

Name: Allen Schraufnagel

Clearinghouse Rules ... CRule

> \*\*

Hearing Records ... HR (bills and resolutions)

> \*\*

Miscellaneous ... Misc

> \*\*

Vote Record Roesslen
Senate Committee on Education Danling

,			
Date: 477  Bill Number: 477  Moved by: 466	Executive Seconde		lic Hearing  I Dreg  Maskag
Committee Member Sen. Calvin Potter, Chair Sen. Robert Jauch Sen. Kevin Shibilski Sen. Richard Grobschmidt Sen. Alberta Darling Sen. Joanne Huelsman Sen. Carol Roessler	Aye No	Absent Pre	sent Absent
Totals:			

Motion Failed

Motion Carried



## STATE OF WISCONSIN \ ETHICS BOARD

James R. Morgan
Chairman
Paul M. Holzem
David L. McRoberts
Robert G. Borgwardt
Joanne R. Orr
Dorothy C. Johnson

On the capitol square at: 44 EAST MIFFLIN STREET MADISON, WISCONSIN 53703-2800

> phone: 608 266-8123 fax: 608 264-9309

e-mail: ethics@mail.state.wi.us

R. Roth Judd

**Executive Director** 

NOMINEE: Allen E. Schraufnagel

POSITION: Member, Wisconsin Technical College System Board

(Public)

**STATUTORY** 

REFERENCE: 15.94 Technical college system board; creation.

\* \* \* The board shall be composed of:

(1m) The state superintendent of public instruction or the superintendent's designee.

2) The secretary of workforce development or the

secretary's designee.

(2m) The president, or by his or her designation another member, of the board of regents of the university of Wisconsin system.

(3) One employer of labor, one employe who does not have employing or discharging power, one person whose principal occupation is farming and who is actually engaged in the operation of farms and 6 additional members appointed for 6-

year terms.

(4) One student enrolled at least half-time and in good academic standing at a technical college who is at least 18 years old and a resident of this state, for a 2-year term. The governor may not appoint a student member from the same technical college in any 2 consecutive terms. If the student member loses the status upon which the appointment was based, he or she shall cease to be a member of the board.

SENATE COMMITTEE ON EDUCATION: Senators Potter, (Chair), Jauch, Shibilski, Grobschmidt, Darling, Huelsman and Roessler.

Mail or Fax to:

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309

APR - 8 1997

Filed in 1997 for calendar year 1996

Print legibly in black ink or type

# **Statement of Economic Interests**

NAME:

Schraufnagel, Allen

WI TECHNICAL COLLEGE SYSTEM

STATE POSITION

BOARD MEMBER

HELD OR SOUGHT:

Please return this completed form to the Wisconsin Ethics Board by April 30, 1997.

ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. The Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (/) the box marked "None or Not Applicable."

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. "Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.

- Questions about completing this form? Call (608) 266-8115.
- Other inquiries (608) 266-8123.

# Part 1. Employers.

List each employer from which you or an immediate family member received income of \$1,000 or more in 1996. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Check (/) if None or No Name of employer		City and state	General nature of business
If State of Wisconsin, identify	agency or institution)		
24			
	•		
Part 2. Ownership i	nterests in busi	nesses.	u est
ations), proprietorship, lin ou or an immediate family east a 10% interest on Dec ervice operations, real estate mployed, but did not operate u	nited liability compary member, directly or member 31, 1996. But rental, and profession under a business name, was engaged in renting:	ny, firm, franchise, or of r indirectly, separately sinesses can include farm nal practices. If you or a merely list the business's of real estate, but did not ope	t status and including service corp ther business or enterprise in which or together, owned or controlled as, manufacturing companies, sales a an immediate family member was se customers and clients in Part 4. If you trate under a business name, merely lie
_			
Check (/) if None or Not	Applicable		
Name of business	City and state	General nature of business	Form of business organization (service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)
			(service corporation, subchapter S or C corporation, partnership,
			(service corporation, subchapter S or C corporation, partnership,
			(service corporation, subchapter S or C corporation, partnership,
			(service corporation, subchapter S or C corporation, partnership,
			(service corporation, subchapter S or C corporation, partnership,
			(service corporation, subchapter S or C corporation, partnership,
			(service corporation, subchapter S or C corporation, partnership,
Name of business  THOMPSON-SUHLE  or the businesses listed above, sofficers and directors; and (hed or registered to do businesses)	City and state  AUTHOR L.  Jeog W.  your identification mu  o) for any other busines in Wisconsin file this in ed about them. For oth	st be sufficient to enable a s, its owners. Because liminformation with the Secret per types of businesses, ide	(service corporation, subchapter S or C corporation, partnership,
Name of business  THOMPSON-SHE  or the businesses listed above, sofficers and directors; and (hed or registered to do business further information is require plain where such information  Check (1) if None or Not	City and state  AUTHORY W.  Jerry W.  your identification mu  o) for any other business in Wisconsin file this in ed about them. For oth is available as a public  Applicable	st be sufficient to enable a s, its owners. Because liminformation with the Secret per types of businesses, ide record.	(service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)  **Partnership, etc.*  **Partnership to the corporation of partnerships and corporations creary of State as a matter of public record
Name of business  THOMPSON - SCHU  or the businesses listed above, sofficers and directors; and (hed or registered to do businesses further information in the plain where such information	City and state  AUTHORY W.  Jerry W.  your identification mu  o) for any other business in Wisconsin file this in ed about them. For oth is available as a public  Applicable	st be sufficient to enable a s, its owners. Because liminformation with the Secret per types of businesses, ide	(service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)  **Partnership, etc.*  **Partnership to the corporation of partnerships and corporations creary of State as a matter of public record
Name of business  THOMPSON-SHE  or the businesses listed above, sofficers and directors; and (hed or registered to do business further information is require plain where such information  Check (1) if None or Not	City and state  AUTHORY W.  Jerry W.  your identification mu  o) for any other business in Wisconsin file this in ed about them. For oth is available as a public  Applicable	st be sufficient to enable a s, its owners. Because liminformation with the Secret per types of businesses, ide record.	(service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)  PARTNELSHIP  person to identify: (a) for a corporation ited partnerships and corporations creary of State as a matter of public record ntify the owners and partners below, of City and state
Name of business  THOMPSON-SHE  or the businesses listed above, sofficers and directors; and (hed or registered to do business further information is require plain where such information  Check (1) if None or Not	City and state  AUTHORY W.  Jerry W.  your identification mu  o) for any other business in Wisconsin file this in ed about them. For oth is available as a public  Applicable	st be sufficient to enable a s, its owners. Because liminformation with the Secret per types of businesses, ide record.	(service corporation, subchapter S or C corporation, partnership, proprietorship, etc.)  **Partnership, etc.*  **Partnership and corporation of partnerships and corporations or ary of State as a matter of public recordition to the owners and partners below, or an art of partnership and partners below, or an art of partnership and pa

#### Part 3. Real estate.

Identify all real estate located in Wisconsin in which you or an immediate family member held at least a 10% interest valued at \$5,000 on December 31, 1996. Include real estate you or your family owned directly or through:

(a) a partnership; (b) a corporation; (c) a trust; or (d) other enterprise. Do not list your principal residence unless you used it for the conduct of a business or for rental purposes.

Location of property (street address or fire number, municipality, and county)  The ST. ACCOUNTS FORD MARKINGON Co. W/	Type of property (e.g., farm, recreational, commercial, rental)	Nature of interest (own, lease, option, easement, land contract)
MARATION CO. WI 22 SAROLS RUSSE PORTAGE COLUMBIA (	CONDO CONDO CENTAL	ewn
NSHP. OF WELLINGTON	FARMIAND RENTAL	( P PTASHP.

### Part 4. Customers, clients, and tenants (other than individuals\*).

Identify every source of income of \$1,000 or more in 1996 of every business that you listed in Part 2, except a C corporation, and for every property listed in Part 3. This means identify each customer, client, tenant, and other source of income.

\*Do not identify an individual unless the individual was a lobbyist.

If your business received income from a third-party payer (such as a fee, commission, or insurance payment received by a realtor, travel agent, or medical practice), list the third-party payer as well as the customer, client, or tenant.

You do not have to list:

- a corporation's sources of income if the corporation was not a service corporation or an "S" corporation under the Internal Revenue Code
- sources of income of a business in Part 2 or property in Part 3 from which you or an immediate family member received less than \$1,000.
- an individual who was not a lobbyist
- a decedent's estate.

Customer, client, or tenant	City and state
ENANT	ABBOISTORD WI.
NANT	SADDIS RIDGE
ENJAR	PORTAGE WI
	DITION WI

### Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you received, in 1996, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public office. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

Check (/) if None or Not Ap Name of giver	\ <b>-</b> . \ .	City and stat	<b>e</b> .
Part 6. Honoraria and	payment of exper	ises.	
expenses, or honoraria having a a talk, participation in a meet	a total value of more than ting, or for a published Honoraria you or an immed	received, in 1996, lodging, trans \$50, for attendance at a conference work about issues initiated by cliate family member received that were	e, presentation of or affecting state
if you returned it within 30 days; (2) received it from a source listed in F matter of public record.	) if you received it from the a Part 1 or Part 4; or (4) if yo	on, meals, money or any other thing of agency of which your state public office ou already reported the payment to the	is a part; (3) if you
Check (/) if None or Not App Payer	Approximate value of expenses	Amount of Circu honorarium of rece	mstances eipt
WIES	# 10000	AUNUML :	STIPEND
	,		
Part 7. Other sources o	f income.		
received income (other than div reported, Social Security payments, and the like. You do not have to list in return), or Wisconsin Retirement know the purchaser's identity. You	vidends or interest) of \$1 retirement benefits, director insurance benefits, inheritar Fund benefits. You do not I do not have to list individuals	from which you or an immediate 1,000 or more in 1996. Include honors' fees, commissions, proceeds from the nees, scholarships (if no teaching or ser have to list proceeds from the sale of ses, unless the individual was a lobbyist.	raria not elsewhere e sale of real estate, vices were required
Check (✓) if None or Not App Source of income		City and state	
SOCIAL SCLURI	والمستنا		
WIS TERNALS	1RETIREMEN	VI SUSTEM BLBI	. 67
WIS THENSES SOLE OF KESSI	PRETIREMENTS	SUSTEM COLBY	, Wl.



# Part 8. Stocks, bonds, mutual funds, and the like.

List securities, as explained below, that you and your immediate family owned on December 31, 1996 whose value was \$5,000 or more on that date.

List the following types of securities:

- stocks
- bonds
- · mutual funds
- · money market funds
- securities issued by the State of Wisconsin
- securities issued by governmental entities within Wisconsin
- limited partnerships
- · commodity futures contracts

#### Do not list:

- any security in which your family's interest was less than \$5,000 on December 31, 1996
- · savings accounts
- · checking accounts
- certificates of deposit
- annuities
- · insurance contracts
- any security issued by the federal government or a government outside Wisconsin
- any security issued by an organization that does not do business in Wisconsin

Be sure to include securities held for you or your family in:

- · a deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs
- an individual retirement account (IRA)
- a corporation, partnership, or other entity which you or your family controls.

List the security by name. Be specific. For example, list "Fidelity Puritan Fund — mutual fund" and "IBM Corporation — stock." Do not list "deferred compensation plan" or "IRA" or "Merrill Lynch account," since these terms do not identify the actual underlying securities.

For each security you list, place a check in one of the columns at the right to indicate the value of your family's interest in the security on December 31, 1996.

— Check (✓) if None or Not Applicable			
Name of security  (marked per felor 4/17/91/p	Type of security	Value \$50,000	Value More than
DEAN WITTER	STOCK	or less	\$50,000
KOUAL BANESNARES	STOCK	×	
Amerited	stock	· i	
100	Fiele	* F 4 4 7	
Ha Dog - Witter U.S. Gots	ecucities trust	レ	
Dean Witter Worldwid	Investment trust	1 ~	
Dear Witter Divider	of Crowth		·

Part 9. Offices and directorships.

List each business, labor union, association, cooperative, or other organization of which you or an immediate family member was, on December 31, 1996, an officer or director. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; or federal, state, or local governments or governmental agencies.

5- PRESIDE

## Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1996, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list organizations already identified in Parts 1, 2, or 9.

Business or organization	n	C	ity and state		
		hittidak kamada maran kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendar Kalendari kalendari			
Part 11. Creditors.					
ist each creditor to whom you o	• • •	,	** ** **		
n December 31, 1996. For each ne amount owed. Include busines actude your portion of any partnersh	ss creditors if y	ed, place a check in ou or an immediate f	one of the column amily member was p	<b>ns at the rig</b> ersonally liab	th to indicate the for the debi
Check (/) if None or Not App	•				
Creditor		City and state		Amount	Amount
				1 650 000	
				\$50,000 or less	More than \$50,000
ISSDELATED BAN	IK.	PORTAGE	Wh		
ASSDEIATED BAN		PORTAGE	Wh		\$50,000
ISEDCIATED BAN		PORTAGE	Wh	or less	
ASSDEINTED BAN	K	PORTAGE	Wh		\$50,000
efore signing, please review yo	our Statemen	PORTASS.	or each part, you	or less	\$50,000
efore signing, please review yo formation or checked the box fo	or "None or N	ot Applicable."		or less	\$50,000"
efore signing, please review yo formation or checked the box fo certify that the information	or "None or N on containe	ot Applicable." d in this Staten	ent of Econom	have listed	\$50,000"
efore signing, please review your formation or checked the box for certify that the information or please, and correct to the supplease of the	or "None or N on containe	ot Applicable." d in this Staten	ent of Econom	have listed	\$50,000"

Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Failure to file a completed form may result in a forfeiture of up to \$500.

	Office Review	******************
10	4/17/9-1	
I	1/1/197	